

# FORUM

Diocesan Activity Report

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## NATIONAL NFP WEEK 21-JULY 27, 2002 Celebrate Natural Family Planning!

Theresa Notare

People often ask me two questions: "Is the Church ever going to change its teachings on birth control?" and "Why is the Church silent regarding its teachings on birth control?" My short answers often startle them. To the first, I say, "No, because the teachings are true." To the second, "The Church has never been silent."

Why do I raise these "thorny" issues when I want to talk about celebrating Natural Family Planning? Because a "celebration" implies that something is good, and NFP is good. But how can we celebrate this good thing when many Catholics don't know what NFP is and why the Church teaches what it does? Enter National NFP Week—July 21-27.

This year the Bishops' Committee for Pro-Life Activities is assisting an event called "National NFP Week." Dioceses are providing educational activities explaining what NFP is and highlighting Church teachings that support its use. For many years insightful, courageous and enterprising Catholic laity, religious, deacons, priests, bishops and popes have been teaching God's truth about NFP, human sexuality, marriage and responsible parenthood. These are the "NFP pioneers." They have not

been silent! They have created systems of the natural methods, as well as organizations, diocesan ministries, teacher training programs, client materials, books, videos, pastoral letters and even papal encyclicals! The good news of God's design for life and love has been, and is constantly, proclaimed by this hardy group, but their voices have had to compete with the noisy circus of contemporary false messages. And that's the reason why many good Catholics continue to "not know."

Research on what couples prefer in family planning methods shows that they want effective, non-invasive, natural methods that provide both spouses with information about the woman's reproductive life. Couples also want their family planning methods to have a positive impact on their communication and pleasure. NFP meets all of these needs!

All NFP promoters know that NFP requires couples to learn about their combined fertility and to steward it "together." Each NFP method requires couples to chart the woman's signs of fertility and to communicate so that they can know if they are potentially fertile and if they are hoping to achieve

(Continued on p. 2)

### In this issue . . . . .

we focus on behavior and NFP. As readers know, NFP can be used badly or well. If NFP is not learned well, or practiced with the wrong intention, a host of problems is in store for the couple. However, with good instruction and the right attitude, NFP couples can grow spiritually and emotionally. Many of the following articles explore this important issue.

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or postpone a pregnancy. This kind of conversation, as one couple said, provides "portholes to deeper talk and more personal dialogue between us—we've both noticed that with time, open and intimate communication is becoming less a difficulty and more a reflex." (See "Connections," on page 9.)

The natural methods are authentic family planning because they can be used to achieve a pregnancy. John Paul II has said, they recognize "all individu-

als (including the child) in its methodology and promotes decision making guided by the ideal of the sincere gift of self." (EV, #88). Each NFP method also makes use of abstinence to avoid pregnancy. NFP couples say that abstinence has a "honeymoon" effect: the times that they can come together "are made all the more poignant and precious" because of periodic abstinence.

The benefits of NFP, coupled with the knowledge that God is being invited into

every part of their lives make the natural methods worth using. God has written His plan into the very bodies of men and women. It's time to honor that plan. It's time to "capture the romance"—God's gift of life and love to all married couples!

*Theresa Notare is the Assistant Director of the Diocesan Development Program for Natural Family Planning in the USCCB Secretariat for Pro-Life Activities. This article was first published in Life Issues Forum, a nationally syndicated column.*

## Capture the Excitement!

### What's the diocesan buzz about National NFP Week?

NFP instructor, Betti Bjorken, in the **Diocese of Allentown** reports that articles were published in the diocesan newspaper!

In the **Diocese of Peoria**, Jennifer Remmes (Galesburg, IL) reports that on Sunday July 27<sup>th</sup>, her pastor allowed time after his homily for NFP education. She also reports that her pastor preaches on Church teachings on conjugal love and responsible parenthood!

Bishop John Kinney, **Diocese of St. Cloud**, sent a letter and the NFP poster to all priests and deacons asking them to speak on NFP during the week!

Jeff and Alice Heinzen in the **Diocese of La Crosse**, and July Psota in the Diocese of Metuchen ran the NFP poster in their diocesan newspapers!

In the **Diocese of Fargo**, Bishop Samuel Aquilla sent letters to all pastors asking them to preach on NFP during this week. Fathers Joachim and Paul at St. Michael Indian Mission, St. Michael, ND gave NFP informational brochures to all their parishioners!

In the **Archdiocese of the Military**, Major and Mrs. Michael Terneus shared posters with their Army chaplains in Germany. The chaplains asked for more!

In the **Archdiocese of Oklahoma City**, NFP coordinator Susan Lepak sent letters along with the DDP booklet, *An Introduction to NFP*, and post-cards of the NFP poster, to all deacons and pastoral associates; she also sent this packet to all Catholic hospitals and Catholic ob/gyns requesting that they consider providing NFP at their facilities. Archbishop Eusebius Beltran took part in a day-long Pro-Life/Pro-NFP conference featuring noted speaker, Janet Smith!

And last, but not least, this breaking news that "wowed" our staff . . .

The **Diocese of Baton Rouge** and the local CCL Chapter collaborated to put up a billboard displaying a version of the NFP poster!

Warren Dazzio, reported that they received the discounted rate of a "Public Service Announcement" from their local LAMAR Company. Warren said that when he saw the billboard, which is "digital," it "glowed," so it stands out a bit more, especially at night!" Warren also said that the ad runs every eight seconds with about six other ads and is at a busy intersection where many people will be able to see it. The billboard will run for a month beginning from July 19. Way to go NFPers of Baton Rouge!



Capture  
the  
Romance  
cclsouth.org

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# Integrating Faith and Science through NFP— A National Conference on NFP A Report

June 20-22, 2002

*Theresa Notare, Assistant Director, DDP/NFP*

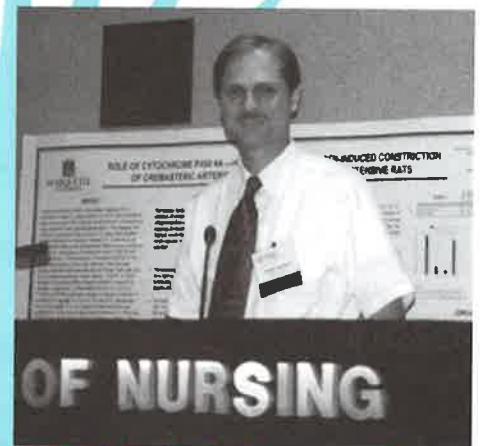
Almost two years ago, Dr. Richard Fehring, RN, DNSc, Director of the Institute for NFP at Marquette University contacted the DDP/NFP with a request—did we want to co-sponsor an academic national conference on NFP with his institute? At the time, I had been packing (and reading) some of our archival materials—specifically some of the memos between the late Cardinal Terrence Cooke and Msgr. James McHugh. In 1980, Cardinal Cooke was Chairman of the Bishops' Committee for Pro-Life Activities and Msgr. McHugh directed the Pro-Life Secretariat. Among the correspondence I was pleased to find a goal they had identified—to encourage “academic study” that would support a couple’s use of NFP. The June 2002 conference marked the realization of their vision.

More than 80 people participated in the conference, representing both the medical profession and Church ministry. Topics were separated into theology/philosophy and science. The first day of the conference treated theology/philosophy with Dr. John Grabowski of Catholic University’s presentation on marital spirituality and NFP. Using sources from the contemporary life of the Church, Dr. Grabowski argued that the “practice of NFP can foster a couple’s capacity to live their marital consecration to holiness sharing in Christ’s mission as priest, prophet, and king not only through periodic continence but also through making more authentic the bodily gift of themselves in their sexual relationship.” To make this case, Dr. Grabowski first “considered the foundation for a spirituality of marriage and sex within the couple’s baptismal sharing in the threefold mission of Christ.” He then related which of these “dimensions of the laity’s incorporation into Christ,” with the practice of NFP “in both its requirement of periodic continence and its deepening of the couple’s capacity for an authentic gift of self in mutual love—under the headings of priesthood, prophecy, and the kingship of mutual service.”

Teresa Wagner, Esq. provided a feminist perspective of NFP and contraception. Ms. Wagner, a Capitol Hill lobbyist, provided conference participants with an overview of the type of legal battles that pro-life feminists have had to wage in government. The context was especially important in order to understand the kinds of values which are currently at stake in the United States. She said, “The modern mind is oblivious to the natural order as an objective reality that must be respected and understood.” “All collapses under the pressure of the self and its wants,” said Ms. Wagner. She saw much hope in the practice of NFP, calling it more than “fertility awareness.” “NFP,” she said, “promotes appreciation of female fertility—ultimately—appreciation of the woman.” Ms. Wagner said that NFP fosters respect for the woman in general and added that “How we treat the woman’s cycle tells us something about our attitude toward women . . . are they a nuisance or is this a wondrous thing, a gift?”



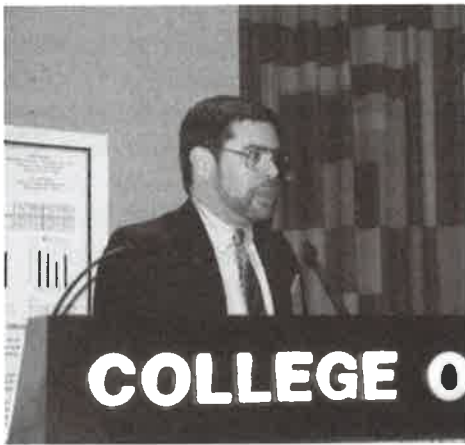
*Dr. Richard Fehring (right) with Dr. Len Blackwell.*



*Dr. Joe Stanford of the University of Utah.*



*Archbishop Daniel Buechlein and Theresa Notare.*



*Dr. Marcos Arevalo of Georgetown University.*

The first full day of the conference concluded with a panel of doctors discussing "The Right to be Trained and Practice According to Conscience." Hanna Klaus, MD, Executive Director of the NFP Center of Washington, D.C., and Drs. Julie Mickelson, MD and James Linn, MD of Columbia, St. Mary's Hospital, Milwaukee participated.

Day two of the conference focused on the "Scientific Foundations of NFP." Topics included: the peri-menopausal woman, by Nancy Reame, PhD, RN, University of Michigan; Larry Severy, PhD, University of Florida, Gainesville on the psychological aspects of achieving or avoiding pregnancy; and on the efficacy of the Standard-Day Method, Marcos Arevalo, MD, MPH, Georgetown University, Washington, D.C.

A word of special thanks is extended to the following who helped make the conference possible: Archdiocese of Milwaukee; Diocese of LaCrosse; Diocese of Madison; Diocese of Green Bay; and Columbia, Saint Mary's Hospital, Milwaukee.

*Proceedings will be published by Marquette University Press. Watch for an announcement in the next issue of the Forum.*



*Fr. Kurt Apfelbeck offers a prayer to begin a session.*



*Conference staff and speakers.*



*Theresa Notare with staff of Marquette's NFP Institute.*

**Will the NFP/theology/science conference replace the biennial diocesan NFP coordinators' conferences? NO.**

Next year the biennial diocesan NFP coordinators' conference will be held. Date and place to be announced.

At the request of many Diocesan NFP coordinators, next year's conference will be a combination of "retreat" and "programming" focused event. Plenty of time will be scheduled for networking and sharing program information.

**Watch for further announcements and mailings!**

**A National Conference on NFP**

June 20-22, 2002

# Diocesan NFP Program Profile—2001 Report

## Summary

Rev. Robert R. Cannon

*In December of 2001, 189 Profile questionnaires were mailed to dioceses. One hundred and two or 54 percent of the dioceses completed and returned questionnaires. This year's report represents the second largest set of baseline data gathered on NFP programs throughout the nation, since the Profile began in 1990. As in previous years, the data indicates that certain aspects of NFP programs remain relatively unchanged with slight improvement in a few areas.*

- A) In most dioceses, there is a person designated as the NFP coordinator. Often this responsibility is only one of many jobs performed by the person, e.g., Director of Marriage and Family Life (65 percent). A growing trend is for those responsible for coordinating NFP ministry to have had some training in NFP methodology (84 percent).
- B) Fifty-four percent of dioceses surveyed allocated less than \$5,000 for NFP efforts in 2001. Sixty-seven percent of all NFP diocesan programs operate on less than \$10,000 per year. Fifteen percent of diocesan programs spend from \$10,000 to \$29,000 annually. Twelve percent of dioceses allocate from \$30,000 to more than \$70,000 for their NFP programs. Well funded diocesan NFP programs usually rely on various forms of federal and state grants to supplement diocesan funding. There are some dioceses where NFP instruction is covered by insurance plans. In most dioceses, a common arrangement is for an NFP program to share the funding, material, and staff support of an umbrella department, e.g., Marriage and Family Life Office. Identifying NFP as a specific line item for funding is increasing in diocesan budgets.
- C) The majority of diocesan marriage preparation programs make at least

some effort to provide rudimentary NFP information to engaged couples, e.g., booklets and fact-sheets. Through NFP introductory sessions, more than 109,547 individuals received information on NFP. The time given to NFP is not lengthy; in 76 percent of Pre-Cana programs, it is less than one hour. Yet there has been slight improvement in the amount of time given NFP in marriage preparation programs overall. A more thorough and substantive inclusion of NFP in educational programs about human sexuality and conjugal love remains a challenging goal, not only for marriage preparation but on every level of instruction. Sometimes NFP is barely mentioned in Pre-Cana programs, e.g., literature is simply given to couples without discussion. Two dioceses have taken the courageous step of requiring a complete course of instruction in NFP as part of their comprehensive marriage preparation program.

- D) Across the nation, more than 5,641 individuals received a course of instruction in NFP.
- E) The Sympto-Thermal Method (STM) and Ovulation Method (OM) are the most preferred methods of NFP. Dioceses use a variety of national, regional and local NFP provider groups.

F) The majority of diocesan NFP teachers are volunteers (50 percent). A few dioceses (28 percent) provide stipends to volunteer teachers to cover personal costs, e.g., transportation, baby sitter, materials, etc.

H) From the dioceses surveyed, there are more than 1,326 diocesan NFP teachers across the nation. They represent a largely untapped resource for the teaching of human sexuality within a faith context.

When viewed nationally, NFP programs vary in dioceses from almost nonexistent to comprehensive. Some dioceses have very strong educational programs that integrate NFP into all educational efforts on human sexuality, marriage, and family life. Through hard work and dedication, other dioceses have made tremendous strides in improving the quality of their NFP programs in order to be certified as meeting the *Standards for Diocesan NFP Ministry*. Increasingly, there is a trend in dioceses or provinces to sponsor their own teacher training programs. But across the nation, as one diocese improves its NFP program, another diocese experiences a reduction in its NFP program size through teacher loss, budget cuts, and/or diocesan restructuring. The hard fact remains that in many dioceses, NFP is viewed as a marginal pastoral concern (cf. questions on personnel, funding, and time devoted to NFP).

Finally, regardless of the diocese, the single most compelling pastoral question when examining individual diocesan NFP efforts is: "Can couples who wish to be faithful to Church teaching on responsible parenthood readily get the NFP support they need?" The answer to this question will determine how best to plan and support local diocesan NFP ministry.

*This annual survey is compiled and analyzed by Rev. Robert R. Cannon, M.A., M.Th., J.C.L., Diocese of Venice, FL.*

Gratitude is extended to the following dioceses which provided data for the 2001 *Profile* survey

Albany; Alexandria; Altoona-Johnstown; Anchorage; Arlington; Baltimore; Baton Rouge; Birmingham; Bismarck; Boise; Boston; Brooklyn; Burlington; Camden; Charlotte; Cheyenne; Chicago; Cincinnati; Cleveland; Columbus; Corpus Christi; Covington; Crookston; Denver; Des Moines; Detroit; Dubuque; Duluth; Erie; Evansville; Fall River; Fort Worth; Gaylord; Great Falls-Billings; Greensburg; Harrisburg; Hartford; Helena; Honolulu; Joliet; Kansas City-St. Joseph; La Crosse; Lafayette, LA; Lafayette, IN; Lake Charles; Lincoln; Los Angeles; Louisville; Madison; Manchester; Marquette; Memphis; Metuchen; Miami; Milwaukee; Nashville; New Orleans; New Ulm; Norwich; Oklahoma City; Ogdensburg; Omaha; Orange; Owensboro; Palm Beach; Pensacola-Tallahassee; Peoria; Philadelphia; Phoenix; Pittsburgh; Portland, OR; Richmond; Rochester; Rockford; Rockville Centre; Sacramento; St. Augustine; St. Cloud; St. Louis; St. Paul-Minneapolis; St. Petersburg; Salina; Salt Lake City; San Diego; San Jose; Santa Fe; Santa Rosa; Savannah; Scranton; Shreveport; Springfield, IL; Springfield, MA; Superior; Syracuse; Toledo; Trenton; Venice; Wheeling-Charleston; Wichita; Winona; Worcester; and Yakima.

## A Shared Experience—NFP Teachers, Clients and Autonomy

Janet McLaughlin

Bob and Mary attended your NFP class series last year. You remember them well. They seemed excited about learning NFP as part of their marriage preparation, but they weren't very forthcoming with their questions. At times they would whisper to one another as if seeking to understand something, but when asked if they had a question, they would say "no." They declined to participate in individual follow-up and chart review during the class series and have neither mailed in a chart nor contacted you since the series ended. You've just heard that while they were excited about learning NFP before they were married, they have become increasingly negative since they've been married. They are still using NFP, but they thought they were pregnant a few months ago. Though they are continuing to use NFP, Bob and Mary really aren't autonomous users.

As NFP teachers, our primary role is to aid our clients in the knowledge and acceptance of their fertility. We have the goals of helping couples learn NFP well and helping them to apply it according to their family planning intention with confidence and satisfaction in the method. We can't do this alone! Our attention to providing quality NFP services must be matched by a real effort on the part of our clients if they are to become confident, satisfied, autonomous users of NFP.

According to Kambic and Martin (Kambic, R.T. and Martin, M.C., "Evaluating Client Autonomy in Natural Family Planning," *Advances in Contraception*, 4, 1988), the elements of client autonomy may be defined as

1. Correctly observe and chart daily the sign(s) of fertility.

2. Indicate an understanding and recognition of the fertile and infertile days of the woman's cycle as well as the ability to recognize a change in the fertile pattern and seek help when needed.

3. Adjust sexual behavior to correspond with family planning intention, i.e. use periodic abstinence if pregnancy is not desired.

4. Express satisfaction with the method.

This definition points to specific behaviors that may be evaluated to measure progress toward autonomy. It is important to realize that autonomy comes about through a process over time rather than in an instant, that it depends not only on increased knowledge but also the ability to apply that knowledge, and that both NFP teacher and client have specific roles in this process. It is through an understanding of these roles and how they are fulfilled that we can see how a client couple become autonomous in their use of NFP.

Both teacher and client begin to actively fulfill their roles during instruction. The teacher has the responsibility for being well prepared and for providing thorough, clear instruction in NFP utilizing appropriate teaching tools and methods. Learning activities may help ascertain the client couple's grasp of the material and their ability to apply the information. The teacher conveys the information the client needs, according to the standards of the method being taught. At the same time, the client couple has the responsibility to punctually attend the instructional meetings and actively participate in the learning process. It is the client's responsibility to ask for clarification of anything that is unclear.

Of course, the roles of teacher and client are not limited to initial transfer of information. The autonomous use of NFP requires that the client couple correctly observes and consistently charts the sign(s) of fertility as well as understand the guidelines recommended for the woman's reproductive category and her cycling pattern and their family planning intention. It also requires that the couple be able to correctly apply this information and integrate their behavior with their understanding of the fertile and infertile phases of the cycle. The teacher assists the client in this process of understanding and integration through follow-up.

This last point is important. NFP instruction is a process. Follow-up provides for clarification of the material covered in instruction, tailoring the instruction to the specific needs of the client, and support of the couple in their integration of the method into their life together. Each of these elements of follow-up is crucial in helping the client reach autonomy.

In follow-up, the NFP teacher verifies with the couple their understanding of the information presented in class, clarifying any misunderstanding or confusion. A client's ability to repeat back a definition or observational procedure in class does not mean that this information will be applied. Follow-up is key to helping clients become aware of deficiencies in their application of the method, as well as their conceptual understanding of the method. This can be accomplished through review of the client couple's understanding of the observational process(es) and verification that the observational procedure for each sign charted is correctly and consistently followed. Additionally, chart review should be a standard component of follow-up.

Follow-up is not a one-time event. It is an ongoing process that provides for continued instruction and support as the client couple gains experience and as the woman's cycling pattern unfolds. If, in instruction, a teacher attempts to cover every reproductive category, ev-

ery possible cycling variation, it is likely that the clients will be confused. It is a more effective approach to provide general instructions applicable to everyone in the introductory session or group instruction setting and then in follow-up tailor this to the individualized needs of the client. In follow-up the teacher assists a particular couple in a specific reproductive category by providing them information to help them live NFP successfully. In other words, the focus is on what is applicable to that particular couple.

From this it follows that if there is a change in the reproductive category or cycling pattern, it would be appropriate for follow-up to resume until the client has mastered the particulars of the new situation. For example, when a couple learns NFP before marriage, during typical cycling, they are learning the fundamentals of observing and charting. These are, of course, critical skills for using NFP in all reproductive categories. Imagine now that this couple has a baby, and the woman is breastfeeding. Her "cycling" pattern is going to be very different. The couple will need an "orientation" to this new reproductive category and instruction in any guidelines applicable here that they did not use during typical cycling.

Is the need for additional instruction an indication that the client was not autonomous? No. It is not the client's job to know the details of every reproductive category; that is a responsibility of the NFP teacher. The client's ability to identify a change and ask for further instruction is the sign of autonomy. It means the client couple is clear on what they know and is motivated to receive assistance to continue to use NFP. Another example is the client couple who finds themselves unable to interpret a chart. It is their responsibility to seek assistance and to


abstain to avoid pregnancy until the situation is clarified. This initiative should be welcomed. The client should be encouraged to seek clarification and should not be made to feel "stupid" or "a bother" if he or she has questions, no matter how long it has been since their

initial instruction. Again, does this contact with the teacher indicate that the client is not autonomous? No. The teacher has much more experience interpreting charts than does the couple, and the couple should feel comfortable seeking the benefit of that experience if they need or desire assistance with a particular chart. Compare this to the client who struggles with something for months before calling. A client's ability to identify a need for assistance and their

willingness to seek that assistance is a good sign of autonomy. They are taking responsibility for getting the help they need from a reliable source.

While it is critical to accurately convey information and verify the client couple's understanding of that information and their ability to apply it, the NFP teacher must do more. The teacher has the responsibility of supporting the client couple in knowing, accepting, and integrating NFP into their life, believing it is possible for all couples to use NFP. This is where the movement is made away from NFP as just another family planning method to an understanding of NFP as a holistic way to understand and live with fertility: "To accept the cycle and to enter into dialogue means to recognize both the spiritual and corporal character of conjugal communion, and to live personal love with the requirement of fidelity" (*Familiaris consortio*, No. 32).

Several factors may influence this acceptance and integration. One factor is the woman's cycling pattern. If a woman has typical cycles, with an easily discernable fertility pattern, what

  
 NFP "works"  
 to avoid  
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 fertile time.



the couple learned in class is clearly reinforced. They hear that a mucus episode and peak will occur, and in a fairly short time, they do occur. They learn to expect menses in relation to peak, and again, they see what they were taught borne out in their experience. Confidence grows more easily than for a couple in which the woman has a confusing mucus pattern. In this case the wife (or husband) may have difficulty in feeling confident of the woman's ability to make accurate observations and for the couple to feel confident of their ability to interpret those observations. A couple who learns during breastfeeding and who experiences ongoing dryness may be concerned whether the woman will really be able to observe mucus.

In this situation, it is the teacher's responsibility to work with the client not only on the basics of charting and the application of the rules, but on understanding the variations that occur from woman to woman and during one woman's reproductive lifetime. It is the responsibility of the teacher to make appropriate referrals if the cycle pattern indicates the need for an evaluation.

Closely related is a concern that NFP really isn't as effective as what they hear in class; in other words, "fear of pregnancy." For many people, NFP is still confused with Calendar Rhythm. Though they may have had enough exposure to pro-NFP information to be interested, they still experience the residual effects of negative response by medical personnel, most literature comparing NFP methods, etc. Fear may also be a result of concern regarding the woman's ability to accurately observe the sign(s) of fertility.

An example is a couple who came to instruction and said that while they were excited about learning NFP, they were scared, and they wondered if the NFP teacher had any insight into why they were nervous. Their teacher told them that fear seemed a natural response to striking out into something that they had only heard negative com-

ments about, when they had no support from family or friends, and when they had never known anyone to use NFP. They were asked to consider the difference in their experience from other class participants who had shared having friends and family members who successfully and happily used NFP and who told of it having a positive impact on their marriages.

Another factor in integration is abstinence. NFP "works" to avoid pregnancy when the couple abstains during the fertile time. There is no way around this fact. However, given our current cultural milieu, even among fellow Catholics, abstinence seems impossible, or at least unreasonably difficult. The greatest factor in the integration of abstinence seems to be the degree of desire on the part of the couple to use NFP. When the couple is ambivalent about using NFP or if the couple is unequally committed to NFP, issues with abstinence are more common. Ultimately, the couple's ability to integrate NFP into their relationship depends upon the quality of their relationship and the personal maturity of husband and wife.

Part of the ability to integrate abstinence is the ability to look at the situation and reframe it in a way that allows the couple to see something positive in it. Looking at two soon-to-be married couples illustrates this. Both couples realized that they would be fertile on their honeymoon. Both couples called their NFP teacher to verify their evaluation of their chart. With the first couple, the woman cried and cried. She said, "It isn't fair. Since we're doing what's right, I thought God would make it work out, and that it would be easy." The man's perspective was that it was their honeymoon, and that intercourse was a necessary ingredient of a successful honeymoon. Despite stating that they understood that NFP was based upon abstinence during the fertile time and that they did plan to abstain on fertile days during their honeymoon, this couple ended up buying over-the-counter barriers, and having intercourse on days

during the fertile time. With the second couple, there was expressed disappointment, but they reframed the situation. The young woman said, "Well, I guess there is something romantic about consummating your marriage in your own bed." The man's comment was, "I bet we will do a lot more sightseeing than we would otherwise." After their honeymoon, they acknowledged that it was difficult, but also said that they had a certain sense of pride in being able to abstain.

It is important for the NFP teacher to take advantage of follow-up to point out inconsistencies between the couple's stated family planning intention and their behavior. The teacher can try to help the couple to see the growth and development that can come through periodic abstinence. The teacher can provide support by believing that the couple is capable of periodic abstinence while acknowledging that it can be a struggle. The teacher can encourage the couple by helping them look at what they most want rather than immediate gratification. Ultimately, it is the client's responsibility to integrate abstinence, and it may be possible that a referral for professional help should be made.

As NFP teachers, our knowledge and experience are tools to be put at the use of our clients. In our opening story, we saw that Mary and Bob chose not to be active learners. They did not seek out answers for their questions. They did not participate in follow-up to take advantage of their teacher's specialized training. They did not seek out assistance once the series ended. Their teacher couldn't make NFP a positive experience in their life, just as we can't do the job for our clients. The clients have to do the work of NFP, but just as having the right tools makes any job easier, the client's "use" of their NFP teacher can make their job of reaching autonomy easier.

*Janet McLaughlin is NFP Supervisor for Northwest Family Services, Portland, OR.*



# Connections

*Jennifer and John Campbell*

For a newly engaged couple, learning Natural Family Planning is informative, interesting, at times a little embarrassing, but always enlightening. Living NFP, on the other hand, is a different story. It is a story about connections, very unique and fulfilling. It involves the use of information learned which we then apply to the reality of everyday married life.

At the beginning of our married life, we used NFP to avoid pregnancy, as the time was not right for it. Currently, we are using NFP to achieve pregnancy. We were delighted to find that the two focuses of NFP have made our young marriage both more focused and more intimate.

Unlike artificial contraception—which usually places full burden of family planning on the woman—NFP promotes shared responsibility of the fertility of both the husband and wife. It lends a spirit of togetherness to a marriage. There's no, "Have you taken your pill?" That is, "are you safe?" In our marriage there's no holding back that precious part of ourselves—our fertility. Rather than a burden to be dealt with, for us it is a blessing to be understood and respected. The complete self-giving says, "I love all of you."

The benefits of NFP extend beyond family planning. We'd heard that often times the husband will develop a deeper respect for his wife and the gift of her fertility. In practice, we've found this to be noticeably true. A constant awareness of cycles and "phases" makes it easier to perceive when to be loving and gentle, extra patient and thought-

ful, and when to resume physical intimacy.

Unlike a contracepting couple, sex is not always an option for two who are living NFP. That's a good thing, contrary to what popular culture might imply. By experiencing times when we cannot engage in physical intimacy, the moments that we can are made all the more poignant and precious. Even when we want to engage, and the chart says "no way, buddy," it lends an element of bittersweet waiting. After all, consider the alternative: when a woman is on the pill or using some other kind of chemical contraceptive, she's *always* available for sex. There's no waiting, no longing, just indulging whenever you want. Nice at first, perhaps, but over time spontaneity and passion fade all

the more quickly by the frequency of the intimacy. Oftentimes sexual intimacy will become less mutual over time in a contracepting marriage and more mandatory, and thus less rewarding for one or both spouses.



Periodic abstinence in our marriage has opened up broader channels of communication between us. Like many young couples, we both are currently employed. Commuting, daily exercising, paying bills, preparing dinner, outside commitments . . . all are busy but necessary activities in a healthy lifestyle, but collectively tiresome as well. Tired couples find it difficult to talk in the evenings, and would prefer to "veg out." We're no different. But since NFP holds the key to our family planning, we necessarily discuss personal and intimate topics about our fertility that most

couples never broach. These NFP talks are portholes to deeper discourses and more personal dialogue between us. We've both noticed that with time, open and intimate communication is becoming less a difficulty and more a reflex, and we both attribute that in part to NFP. We've found that subjects such as our budget, work, saving for a house, and where we'll spend Christmas are child's play after you can discuss mucus and temperatures with a straight face!

Yes, NFP can be a challenge and a sacrifice at times, and we're not saying it's always easy, but that is part of true love— a bit of sacrifice for the beloved. We find a noble joy in sacrificing ourselves for each other, even in so private a way as withholding intimacy until the time is right; self-sacrifice is an important root element of love, and it builds respect for each other and ourselves. We've also found that a sense of humor helps during the times of no physical intimacy. When the signs of fertility were apparent, we'd jokingly say, "Ok, see you in a few days." We've heard some people say they could never follow NFP since they can't have intercourse during the time that they want. We've found that the time of abstinence gives us moments when we can just be together and talk, play tennis, joke, or go out to dinner. It reminds us that we're much more than just physical beings wanting to satisfy a desire.

We're both happy to have learned NFP and to be living it. We know that it is enriching our marriage in our every day life and even in ways we probably won't realize until much later. Knowing that we're building a strong foundation of love, mutual respect and faith gives us confidence in our future. We're best friends who love each other enough to want the best for each other and our marriage!

*Jennifer and John Campbell live in Virginia.*

  
We were  
delighted to  
find that the  
two focuses of  
NFP have  
made our  
young marriage both  
more focused  
and more  
intimate.  


## NEW WAY TO ORDER NFP MATERIALS

Effective July 1, 2002, a new procedure for ordering all NFP materials from the Secretariat for Pro-Life Activities has been instituted. Orders will no longer be taken over the office phone line. A new toll free number is provided to connect you directly to the fulfillment company that processes our orders:

**1-866-582-0943**

If you would prefer to FAX your order, you may do so at 301-779-8596.

# Peri-Menopause—Required and Perfectly Natural!

*Mary Therese Egizio*

**T**hey were the perfect couple, tall, slender, good looking in the model sense and older than me by 20 years. How could I help them? They appeared to have it all, and all together. I was just a young mom with clothes that didn't match and no spending money for trendy haircuts. As they entered the conference room at the medical center where I was about to teach my first "outside of the living room" NFP class, I smiled my best smile and welcomed them. They calmly took their intake form and sat at the back. Class began. Somewhere around the time I got to the rules and mentioned having every other dry evening available for intercourse during extended periods of infertility (such as breast-feeding and peri-menopause) the husband's hand shot up and with mouth agape these words flew out " You mean we CAN have SEX?".... Thus began my work with refugees from Calendar Rhythm, peri-menopausal women and couples.

In the 27 years that have followed, my friends and I have taught many peri-menopausal couples to appreciate their infertility. Many have the same reaction as that first couple. Women, coming to class who have no knowledge of basic physiology or who have used the pill, are terrified of their body and the changes taking place. They have never learned to understand their body's fertility patterns. They view the reproductive system as something to be controlled with pills and surgeries. Beyond that they also have little experience with sexual self-mastery and acceptance of the child as a gift, making work with the peri-menopausal woman a particular challenge.

Behaviors we see and experience in NFP use at this time are amazing. Couples first coming to NFP with no understanding of normal fertility patterns do not trust—right off. But as they see no fertility signs day by day and the rules are applied correctly, they begin to relax. Soon they begin to communicate more fully. I have to admit, it is so much fun to see them open up to each other! Some times there is much regret for past choices. With time and patience they get on with living this phase of their lives.

I have worked with more than a few couples whom either married later or have a family history of early menopause and who desperately wish to achieve a pregnancy. Working with these couples is sometimes very difficult because there is a sense of urgency that nature and its time table will not easily accommodate.

At this time in life, my husband John and I are facing these same changes. I have found myself reflecting on how NFP has made my life as wife, mother, nurse, and teacher so much easier. As a couple, we have struggled to teach others the wisdom of the Church in matters sexual for 28 of our 31 married years. Life in a "NFP house" was not always easy, but life in a woman's body—understood from the natural perspective—has been very instructive. First we learned to avoid then achieve pregnancies. Then we learned to breast-feed. Finally, we learned to watch the foods we ate and took a more natural approach to illness. Now, "THE CHANGE." We have found that a life time use of NFP has greatly increased our knowledge and we have had an

easier passage through peri-menopause than couples who have contracepted.

The couples we meet range in age from 35-54. Some are very serious about avoiding a pregnancy and others wish more than anything to achieve. The major advantage we have noticed about coming to menopause with NFP is that John knows about hormones, as do my children. They are all the more forgiving of the occasional erratic behavior that their wife/mom is exhibiting. Since they lived with me through pregnancy, systemic candida, and all the other "stuff of life," this change appears to be more simple. Husbands who have no clue as to the inner workings of their wives can only guess what may be happening now. John knows... sleeplessness doesn't mean I am upset with him, telling him I forgot something is met with a knowing smile not a temper outburst. We have the freedom to be awestruck by a God who lowers our chances of becoming parents again just as grandchildren start to arrive, allowing us to love them and each other to a much fuller extent. No fear here. I really cannot imagine living any other way, but we know most couples do.

I am forever grateful to that lovely couple for the lessons they taught me that first night of teaching. What did I learn?

- Love lasts even without sex. They had lovingly practiced total abstinence for 2 years, the time since her cycles had become irregular enough to cause concern. She had developed a heart condition that made another pregnancy problematic.
- Parents can always find a creative way to love their children back to wholeness. They had 6 grown children; some were married and more than a few using contraception. When they returned for follow-up they told me that they made a deal with the kids. If mom & dad used NFP for 6

months and did not conceive, they had to give up the pill and learn NFP. I taught all of them!

- Finally, the thing I learned that led to this article, no matter how educated, good looking or together we

appear, we all need to learn something new.

*Mary Therese Egizio, wife, mother, grandmother, nurse, NFP teacher of teachers, is also the director of NFP Life Institute, Joliet, IL.*

## Managing the Peri-Menopausal Woman

**T**he following are a few recommendations that we found helpful in managing the peri-menopausal woman. Since nothing in this life lasts forever... the following information may help ease some of the rough spots. They do not need to be used past menopause, when another group of changes take place.

*Please remember peri-menopause is not a disease, it is not an option, and life does not end here. It just begins anew.*

### Exercise

Walking helps.

A routine is best and should be varied but simple to keep you moving. Stretching and or weight training is good for bone maintenance.

I always liked Dr. Lynn Billings' comments that the 3 G's were good for ladies in our age group Golf, Gardening and Grandchildren... My personal favorites are; walking (no little white ball to ruin the walk), carrying little kids (counts as weight bearing), and good hugs (as good as a yard full of flowers!)

### Vitamins

Vitamins (B complex, C and E) and supplements (such as Flaxseed and Bioflavonoids) can ease or erase some of the uncomfortable symptoms of hormone fluctuations such as hot flashes or severe mood swings. The following supplements should only be used after checking with a doctor: Black Cohosh, and soy, or soy isoflavonoids.

Just to maintain your present lifestyle with or without hot flashes all the above plus, Phytonutrients, Fish oils, (eat the fish), Zinc, Iron, Chasteberry, Pearl, Magnesium and Bromalin (do not use if you are still wishing for a baby).

### Diet

More plant foods, fish, fruits and whole grains. Less processed foods and red meats, little to no caffeine and alcohol, (some wines are actually good for women), lower dairy. This looks like a contradiction, more calcium- less dairy, yogurt and cheeses are fine, skim milk if you must...but **REALLY** where do cows get their calcium? ... **GREENS**: eat more vegetables!

### Hormones

Recent news stories concerning hormone replacement therapy and health risks to women require all women to check with their doctors even about natural progesterone and estrogen products (e.g., creams, suppositories, patches, etc.).

## BISHOPS TEACH

# Integrating Faith and Science Through NFP

Archbishop Daniel M. Buechlein, O.S.B.

Keynote presentation, Marquette/DDP Conference

Excerpts

June 20-22, 2002

Natural Family Planning, as the title implies, must be understood and evaluated in the context of the Church's vision of marriage and family in society. Realizing that our Church teaching about the sacrament of matrimony is voluminous, I will limit my words to those found in the *Catechism of the Catholic Church*, which treats of marriage extensively. The lead statement reads: "The matrimonial covenant, by which a man and a woman establish between themselves a partnership of the whole of life, is by its nature ordered toward the good of the spouses and the procreation and education of offspring; this covenant between baptized persons has been raised by Christ the Lord to the dignity of a sacrament" (*Code of Canon Law*, can.1055, n. 1; cf. *Gaudium et Spes*, 48, n. 1)" (*Catechism*, 1601).

The Catechism reminds us that marriage is not purely a human institution despite the variations it may have undergone through the centuries in many cultures. Some sense of the greatness of the conjugal union exists in all cultures. Quoting the Vatican II document *Gaudium et Spes*, the Catechism states:

"The well-being of the individual person and of both human and Christian society is closely bound up with the healthy state of conjugal and family life" (n.1)" (*Catechism*, 1603).

The Church's vision of marriage includes concern both for the individual

spouses and family, for human society and Christian society. Marriage is not a private and individualistic state of life. Hence marriage is publicly witnessed, and it is blessed by a minister of the Church.

Spouses are consecrated and strengthened for their duties and the dignity of their state in the sacrament of matrimony. They are strengthened by God's grace. For coping with the challenges that test the sacred bond of marriage does not come naturally. Understanding the maturity required to live in the marital state with integrity and fidelity requires education and spiritual practices.

The *Catechism* speaks of the importance of the example of parents and families in preparing young people for marriage.

The role of pastors and of the Christian community as the "family of God" is indispensable in the transmission of the human and Christian values of marriage and family and much more so in our era when many young people experience broken homes which no longer sufficiently assure this initiation:

It is imperative to give suitable and timely instruction to young people, above all in the heart of their own families, about the dignity of married love, its role and its exercise, so that, having learned

the value of chastity, they will be able at a suitable age to engage in honorable courtship and enter upon a marriage of their own. (*Gaudium et Spes*, 49, n. 3) (*Catechism*, 1632).

Implicit in the Catholic Church's regard for the married state and for family life is the understanding that children are the fruit of conjugal love, hence children are viewed as a gift co-created by spouses and God. Children are viewed neither as a burden nor are they property to which spouses have the right of ownership. Gifts are freely given. On the other hand, "the refusal of fertility turns married life away from its 'supreme gift,' the child. (*Gaudium et Spes* 50, n. 1)" (*Catechism*, 1664).

The Catholic Church understands responsibility for family and Natural Family Planning in relationship to her understanding of human sexuality. . . . the Church's vision of human sexuality . . . [is] "scripturally based, sacramentally real, morally honest, and spiritually rich. In other words the Church promotes a holistic view of the human person—body, mind, and soul" (Notare, "Human Sexuality: Where Faith and Science Meet." *Respect Life Program*, National Conference of Catholic Bishops, Secretariat for Pro-Life Activities, 1994, 1994, p. 3).

God is love and in himself he lives a mystery of personal loving communion. Creating the human race in his own image . . . God inscribed in the humanity of man and woman the *vocation*, and thus the capacity and responsibility, of love and communion. (*Familiaris consortio*, 11).

The capacity to love (and to procreate) is affected by the sexuality of the human person as it affects the unity of body and soul. The *Catechism* reminds us that sexuality especially concerns affectivity, the capacity to love and to procreate, and in a more general way

the aptitude for forming bonds of communion with others (Cf. *Catechism*, 2332). God gives man and woman an equal personal dignity as "both were created in the image and likeness of the personal God" (Cf. *Catechism*, 2334).

The Catholic Church views human sexuality in a highly idealized way as can be seen in the teaching of the *Catechism of the Catholic Church*. I quote extensively here because of the clarity of the text:

Sexuality is ordered to the conjugal love of man and woman. In marriage the physical intimacy of the spouses becomes a sign and pledge of spiritual communion. Marriage bonds between baptized persons are sanctified by the sacrament. (*Catechism*, 2360).

Addressing our theme directly the *Catechism* states:

The acts in marriage by which the intimate and chaste union of the spouses takes place are noble and honorable; the truly human performance of these acts fosters the self-giving they signify and enriches the spouses in joy and gratitude (*Gaudium et Spes*, 49, n. 2). Sexuality is a source of joy and pleasure ..." (*Catechism*, 2362).

The spouses' union achieves the twofold end of marriage: the good of the spouses themselves and the transmission of life. These two meanings or values of marriage cannot be separated without altering the couple's spiritual life and compromising the goods of marriage and the future of the family.

The conjugal love of man and woman thus stands under the twofold obligation of fidelity and fecundity. (*Catechism*, 2363)

The Church has a profound respect for human sexuality and its essential connection with the bond of creative love of spouses in marriage. Separation from the creative love of married partners trivializes human sexuality, ren-

dering it selfish and manipulative. The Church's vision of human sexuality promotes authentic freedom, the opportunity to grow in holiness and thus to experience profound peace.

## The Value of Chastity for the Holistic Health of the Human Person

Charity is the form of all the virtues, and it is a measure of holistic maturity. Chastity is a virtue that safeguards and enhances generous and disinterested love. Chastity is the way to internal freedom because it is the means to maintain the integrity of the powers of life and love with which the human person is created. This integrity ensures the unity of the person. The *Catechism of the Catholic Church* states that chastity includes an apprenticeship in self-mastery which is a training in human freedom. The alternative is clear. The human person either governs his or her passions and finds peace, or is dominated by them and becomes unhappy.

Self-mastery is a long and exacting work. One can never consider it acquired once and for all. It presupposes renewed effort in all stages of life (Cf. *Catechism*, 2339, 2342).

Chastity is an important tool for fostering generous conjugal love. It remains an eminently personal task in fostering the communion of spouses in genuine love. Spouses share the responsibility to look after the good of each other by remaining faithful to each other, and they share the responsibility for an openness to the transmission of life. Chastity is an essential aid to wife and husband.

## The Church's Understanding of Family Planning

What about family planning? The *Catechism* asserts that "periodic continence, that is, the methods of birth regulation based on self-observation and the

use of infertile periods, is in conformity with the objective criteria of morality (cf. *Humanae vitae*, 16). These methods respect the bodies of the spouses, encourage tenderness between them, and favor the education of an authentic freedom. In contrast, 'every action which, whether in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible is intrinsically evil ...' (*Catechism*, 2370).

Why, in the eyes of the Catholic Church, are artificial methods of family planning not morally and spiritually acceptable? The *Catechism* cites a clear statement of Pope John Paul II in his apostolic letter *Familiaris consortio*

Thus the innate language that expresses the total reciprocal self-giving of husband and wife is overlaid through contraception, by an objectively contradictory language, namely, that of not giving oneself totally to the other. This leads not only to a positive refusal to be open to life but also to a falsification of the inner truth of conjugal love, which is called upon to give itself in personal totality ... the difference, both anthropological and moral, between contraception and recourse to the rhythm of the cycle ... involves in the final analysis two irreconcilable concepts of the human person and of human sexuality. (*Familiaris consortio*, 32)

## Natural Family Planning and Science

What do science and Natural Family Planning have in common? In a word, they intersect in mutual concern for the welfare of the human person. They are both concerned for the good of the individual human person and the communal good of the human family as well. For the good of the individual person and for the

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## The conjugal love of man and woman thus stands under the twofold obligation of fidelity and fecundity.

(Catechism, 2363)

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human family as a whole, science is concerned with human sexuality for a variety of reasons. . . . The Catholic Church's concern for the human person and the human family is holistic, that is, the Church holds the needs of body, mind and soul together. Both for the individual person and for society as a whole, the physical, psychological, moral and spiritual welfare are of a piece. The welfare of the human person and of

human society is not served if the whole human person is not served. We believe that respect for the integrity of the ends of marriage is important for the welfare of the institution of marriage in society as well as for individual spouses. We believe that the psychological health of the individual person is deeply affected whether or not the ends of marriage are respected in their totality. So is the welfare of the family in society. . . .

*Please pray for the  
repose of the souls  
of NFP pioneers  
Nancy and Wayne  
Fisher*



It is with great sadness that we ask for your prayers for the repose of the souls of Nancy and Wayne Fisher.

Nancy and Wayne died on July 20, 2002. They were hit by a car. It was their 39<sup>th</sup> wedding anniversary.

As many of you know, Nancy was one of the NFP pioneers. She was the NFP coordinator for the Diocese of St. Augustine for many years. In 1976, Bishop Paul Tanner formed the new Office of Family Life and appointed Fr. Dan Cody as Director and Nancy Fisher as Assistant Director. A registered nurse at St. Vincent's Hospital, Nancy also became interested in the Billings Method and for years taught clients and promoted NFP in the diocese.

The Fishers had retired early so that they could spend more time together and with their two children and three grandchildren. Wayne had retired from St. Vincent's Hospital.

Condolences can be sent to the family c/o: Office of Family Life, Diocese of St. Augustine, 11625 Old St. Augustine Rd., Jacksonville, FL 32258.

## Because There is God

God is the creator of all that is good. It is the privilege of wife and husband to participate in God's creative act. It is not wholesome for humans to inadvertently or knowingly forget that in the end all is gift from God. Nor is it wholesome for spouses or the human family in general to forget about God and the Kingdom of God.

A year or so ago, for my birthday, one of my masters of ceremonies for confirmation gave me the first volume of *Chicken Soup for the Soul*. He said it might help my homilies. I found a story about a little girl named Sachi and her new baby brother. After baby brother and mother came home from the hospital Sachi kept asking her parents if she could spend some time alone with her new brother. Her parents worried that, as sometimes happens, Sachi might be a little jealous of the attention he was getting and, if left alone, might push him or something. Sachi kept asking. And her parents noticed that she was really very kind and gentle with her brother, so they said OK. Sachi went to her brother's room and closed the door. Fortunately the door re-opened just a crack and her curious parents could not resist watching. Sachi went up to the crib, put her face close to her brother and said in a quiet voice: "Baby, what does God feel like? I am beginning to forget."

"What does God feel like? I'm beginning to forget." We do forget about God more easily than we would like, do we not? Perhaps when all is said and done our most important challenge is to remember that God is our creator and—ultimately—the giver of all that we have and are.

*Most Rev. Daniel M. Buechlein, O.S.B. is the Archbishop of Indianapolis. His complete presentation will be published in the proceedings of the conference. Watch for an announcement in the next issue of the Forum.*

# A Step in the Right Direction

Lester Rupplesberger, M.D.



I believe we are all on a journey. Our life is a journey. I believe we all have the same destination—salvation and eternal existence with our Creator in Heaven. We all take different paths for this journey and at times we get lost and at times we take side roads that actually lead us away from our destination. At times, when we take these divergent paths for one reason or another, it becomes difficult to find our way back to the “main road” or even know where our destination lies, as our sight was diverted by the things along the road. My own personal story is one of divergence from the map that our Lord gave us. Jesus sheds light on the path and shows us how to travel the path. This is one story of my path, my choice, my divergence and my taking one step three years ago to go back in the right direction.

I was married in 1970, and although my wife and I were cradle Catholics, we decided that contraception was necessary for our family planning. We never really spent much time talking about it, it just seemed the thing to do. At the time, I knew of the Church teaching against contraception but chose that it was more of a social rather than a moral issue. I thought, “Who were they to come into my bedroom and decide my family life?” We soon found that my wife could not take the pill because of side effects, and we used barrier methods and spermicides as our method of choice. My wife conceived her first pregnancy in 1972, but it ended in a life threatening ruptured ectopic pregnancy which required emergency surgery and blood transfusions and loss of her left fallopian tube. Subsequent to that medical experience, she was diagnosed with irreversible infertility from

adhesions and endometriosis, and we were advised to adopt. In 1974, we adopted our first son, Drew and we were elated. I can remember being angry that our fertility was something I took for granted, as my wife was the youngest of nine and she had five other sisters with over 20 nieces and nephews at the time, and now we had no fertility.

residency, I had to decide whether to do abortions and prescribe contraception and I can remember proudly telling my program director that I was Catholic and would not do abortions or participate in them in any way, but I had no problem prescribing the pill and inserting IUD's and assisting at tubal ligations and counseling and advising all sorts of patients in this direction. In fact, one of my favorite surgeries was a tubal ligation.

I finished the residency in 1979 and went into private practice with a diverse group of physicians, two Jewish and two Catholic and all doing contra-

  
 I believe we all have the same  
 destination—salvation and eternal  
 existence with our Creator in Heaven.  


But God had a plan. Now, looking back, I realize that God's plan was for my son Drew to be in my life; that was His map, not mine and I would not now trade the alternative for any option.

In 1976, our second “miracle” son, Gregg, was born and again we were elated and assumed that this was the end of our infertility and we could now have the large family we had always dreamed of. Two years later my wife had another ectopic pregnancy and lost her other fallopian tube and our family was now complete, whether we liked it or not. God had a plan and so, I thought, did I; but they were not the same.

I entered medical school in 1970 and learned everything I needed to know about science and biology, hormones and reproduction. I graduated in 1974 with the decision that I would take a residency in Obstetrics and Gynecology. It seemed that I was on the path that God wanted me to be on. In my

ception and sterilization, but the two non-Catholics also doing abortions on demand at the local hospital. I recall that one had pickets outside his private residence and had to get a court order limiting the number of picketers and the distance from his home. Undaunted, I continued on this path and achieved a modicum of rewards including a comfortable lifestyle, house, car, clothes etc. At the same time, I was constantly confronted with a plethora of obstacles and problems which I perceived to be “just business as usual.” When it came time for me to be a partner, the negotiations were difficult to say the least. My one Catholic partner and best friend of the group abruptly quit when I was on a vacation and I was demanded to return immediately. We got into malpractice problems because of a clinic we covered (a path where I thought taking care of the economically disadvantaged was the Catholic thing to do) and had to

withdraw from the clinic and lose a significant portion of our income and spend years struggling to get out from under the mess. In the meantime, the two older Jewish partners left and now I was alone paying three buy-outs. Another physician joined me and things seemed to be calming down. We had two offices, covered four hospitals (no clinics) and malpractice seemed to be getting better. Suddenly, at the age of 41 I had a stroke. I had no medical risk factors, or so I thought. I had no family history as I was also adopted. I had no medical problems. I did smoke, but not much. I considered myself prior to that time somewhat of a type A, very much in charge type of guy with everything in its place and any of the obstacles on the road just pebbles that one could trip over, but I had fallen. I had fallen into a deep pit. Why then? Why me? Wasn't I doing everything right? I was told by my physicians that I needed to reduce my stress levels because they found no physical cause for my stroke. I had a complete recovery in 5 days and went back to work. It was business as usual. I quit smoking and stopped drinking caffeine and resigned some of my extracurricular activities such as coaching two soccer teams and hospital committee assignments and specialty college administrative duties and gave up one office and two hospitals, and I went back to my busy contraceptive practice. Five months later, I was back in the emergency room with an irregular heartbeat and again missed 5 days of work and was told by the same doctors to reduce my stress levels. This time, however, I took their advice.

With all of these work related and health related setbacks my marriage was

also in trouble. I had been ignoring the signposts for years. I had focused so much on myself and my life and my career that I had put my marriage and my relationship in second place and God was a distant third. My wife and I went to counseling and even here I approached it with my prideful arrogant manner (I felt I was more educated than the counselor, I was only going to save my marriage, and I KNEW the problem was all my wife's inability to understand me and my job!). I went for six months and learned more about me and my journey and my past and my need to get back on the right path. But how? This road was going nowhere fast. I thought I was making progress. It seemed to be a well-traveled road with

many travelers on it. This world was telling me that it was a good road. What was wrong? Where would I get the answer?

It was about this time that my wife and I moved into a new bigger house (not that we needed it but I thought it would fix some of our problems- another divergence! Another secular answer to a road obstacle!). We received a phone call from one of the neighbors inviting us to join a Bible group for Lent. I immediately said yes to the entire idea of meeting the neighbors, although quite honestly I had never read the Bible and didn't even know if we had one (we did- a copy from high school- stored away in a memento box!). We joined and met and started reading the Bible and the first book we read was Romans. About one year into this regular weekly group discussion we got into a heated debate about masturbation, contraception and abortion. We agreed to invite a priest to our next meeting. He came

and dispelled all of our doubts and answered all of our questions. At the coffee break, he asked me about my own personal approach to how I resolved the issue of contraception with my job and my Catholicism. He confronted me and convicted me. He told me to my face that it was wrong and not what the Church taught and not what Jesus taught. He sent me tapes and booklets and articles after that evening. I agonized and prayed over the next six months as to how I would resolve this conflict. I thought I would have to quit my job. I would have to start all over. No one would come to an Ob/Gyn who did not provide contraceptives or do sterilizations. I would lose my house and my livelihood. I tried to figure out the path on my own. I tried to use reason and logic and intellect. After all, weren't they gifts that God had given me that got me this far? Although I prayed more often than ever, went to Mass, received the Eucharist (I did not go to Confession often and never confessed contraception- it was my job not a sin!). I could not come up with an answer. On October 3, 1999 (Respect Life Sunday) at the 11:30 A.M. Mass at St. Ignatius of Antioch Church, in the presence of my wife and my 22 year old son, I listened to a homily by a young priest, Fr. Alan Okon, who was only one year out of the seminary. He emphatically stated that contraception was wrong. My son turned to me and said "Dad, he is talking to you!". I went into my office the next day and announced to my partners (who now numbered four--all younger and all providing contraceptives and sterilizations) and the office staff that I would no longer be providing contraceptives or sterilizations. Everyone was shocked and somewhat quizzical as to why I would do this. We sent out over 3,000 letters to patients and this was the first step back to the main road, the path of the Lord. That same son invited me to a retreat

...weren't  
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this far?




two months later and I confessed for the first time my sin of contraception, on December 8, the feast of the Immaculate Conception. My group at that retreat was the Immaculate Conception group. I had not been to a retreat since high school. What a wonderful step that was!


Well, the rest of the story is still ongoing. About the same time as that Respect Life homily, I was invited to my first NFP class by that same priest who convicted me. I attended that class and I met the Assistant Director of the Family Life Office of the Archdiocese of Philadelphia who invited me to become an instructor. My wife and I attended classes and we became instructors. That Assistant Director became director and now invited me to be the Medical Advisor on NFP to the Family Life Office and I accepted. I was then invited to join the Catholic Medical Association, which I did not even know existed, and I said yes. I was interviewed on a Catholic radio program "Voices of the Unborn," about NFP and the phones were so busy that after the program I was invited by the station manager to have my own program on NFP and I said yes and my wife and I now do a monthly program on NFP. I was also invited to join the Philadelphia Natural Family Planning Network and I said yes. I was asked to be on the Board of a local pregnancy crisis counseling center (next to an abortion clinic) and I said yes. I am an instructor at a local medical school (my alma mater) and I used to lecture yearly on other Gyn topics but the last two years I have lectured to 200 second year students on NFP and it is now part of the curriculum (only one class but it is there!). I was asked to become involved in Pre-Cana instruction on NFP and I said yes. And I was asked to write this article to tell my story and I said yes. Ever since I have left the path of death my LIFE has changed because it is now part of HIS life. I learned that the pill and IUD and all hormonal contracep-

tives are abortifacients (well scientifically documented) but I was never taught that in medical school or my residency. The most important thing that I have learned after all these years of saying "no" is to say "yes", an emphatic, unequivocal, vociferous affirmation to the Will of God!

Father's *Theology of the Body* and *Love and Responsibility* and discussing them; we go to NFP conferences together. Our children are wonderful and healthy, the oldest married with two beautiful children and the youngest getting married shortly. We are blessed. But as I look back we have always been blessed. God



## We can both see where we are going because Christ, the Light of the world is shining on our path. . .



I cannot say that this "road less traveled" by most Ob/Gyns is not without bumps or obstacles or difficulties. Life is difficult. There have been attacks by partners, by patients, by media, friends and associates with comments and remarks and salary changes and schedule changes and partnership changes. Our Bible group has dismantled for the time being after 7 years. I gave up Obstetrics to pursue my NFP ministry. There are daily challenges for both my wife (who works in my practice) and me. Our lives have changed. Our path has changed. Our destination is now more in focus. We can both see where we are going because Christ, the Light of the world is shining on our path, His path that we have agreed to follow.

I also must say that my life has never been better. My health is better than ever. My marriage is holier and healthier than ever and blessed with my wonderful wife of 32 years who is also my best friend and my partner in my NFP ministry, and we do everything together, especially supporting one another. We have an entirely new vision of what the marital union and sex and procreation is all about. We spend our spare time reading encyclicals, listening to tapes on NFP, reading books like the Holy

had a plan. He gave me the map when I was an infant at Baptism. I chose to ignore it for 20 years and wandered in the desert of this world still being cared for by Him. I found the map in the Bible and through His Word from a young priest. I have found my way back to His path that leads to our final destination, salvation. I have come to realize that the Church, which I so sternly criticized and ignored, has always taught the sanctity of life is foremost. I have come to know that the Church was instituted by Christ to guide and lead and interpret on the journey, not to dictate which direction I shall take. I have never relinquished my free will. I do not regret one day of the last three years of my journey and I look forward to whatever His road and His map has to offer in this life. I have learned to surrender my free will to His Will. And it all started with one step in the right direction. My hope is to one day meet our Savior and have Him tell me "Well done good and faithful servant, welcome into the Kingdom my Father has prepared for you."

*Dr. Lester Rupplesberger is the Medical Consultant to the Archdiocese of Philadelphia's NFP ministry. He and his wife have a monthly radio show on NFP broadcasted in the Philadelphia area.*

## COORDINATOR'S CORNER

### Enabling Client Autonomy

Kay Ek

**N**FP teachers must prepare for their work with couples through serious study. To teach a couple the natural signs of fertility for achieving or avoiding pregnancy requires a thorough knowledge of reproductive anatomy and physiology adapted to a particular methodology. For a vast majority of clients, although they generally have had a basic biology class sometime in their distant past, the application of their physiology in their own lives is often a new, exciting, and even confusing venture. It is the NFP teacher's task to ensure that information presented in every client contact session is clear and understandable. But in addition to specific NFP information, all methods make use of a couple's combined behavior-behavior in a most intimate area of life. In an NFP class, the client will learn that honest and clear communication is essential to living the NFP lifestyle. NFP teachers are thus charged with helping couples understand this information and adapt their behavior accordingly. What a challenge!

#### Follow-Up

All of this can be pretty overwhelming to couples. However, when a well trained NFP teacher instructs with knowledge, love and concern for each client, trust is communicated and couples will better be able to learn and apply their knowledge. Experienced NFP teachers also understand the value of follow-up as a critical tool in this process. Over the years, our diocesan program has found that when chart reviews are scheduled for two

weeks after the beginning instruction and continue in a timely manner, the clients become autonomous much more quickly. We have also found that if couples wait a month or longer for their first chart review, they are much more likely to be confused by their signs and how to chart them. This often occurs because their observations don't mimic

cally, we meet with the woman/couple every two - three weeks for the first few months, until both the couple and the teacher are confident they have reached autonomy.

Autonomy is determined when a couple demonstrates that they can chart correctly; consistently and correctly identify the wife's Peak Day; apply the rules of the method according to their desire to postpone or achieve a pregnancy; and identify the wife's Basic Infertile Pattern (if she has one). The couple's understanding can frequently be assessed when the teacher asks them to teach the method/rules back to her; stating the rules as they apply to their



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what they may have seen or read. Chart reviews early on assures the clients that each woman is an individual and what she is experiencing is right for her.

In our program, chart reviews last 15 - 20 minutes. We have found that this gives us enough time to ascertain whether a couple understands how to chart, if the woman has a Basic Infertile Pattern, if they are identifying Peak correctly and whether they are correctly applying the rules according to their family planning intentions. Because each woman has her own patterns of fertility and infertility which are unique to her, we don't define the number of follow-up appointments (i.e. chart reviews) a woman may require. Typi-

chart. If the woman or couple is unable to do this with confidence, they should be encouraged to continue with chart reviews until they can successfully complete this task. Occasionally a couple will ask for more follow-up than is really necessary. If the teacher senses this is happening, she can easily space the follow-up chart reviews further and further apart (i.e. meeting once a month or every two months) in order to help them grow in confidence.

After reaching autonomy, couples are encouraged to call or come in any time they have questions assuring continued support. It is especially helpful to clients when their circumstances changes, i.e. after childbirth, entering the meno-

pausal years or during a time when there is great stress in their lives.

## Referrals

An experienced NFP teacher can tell which couples will work together to practice NFP. They are those couples who attend chart reviews and classes together, communicate with each other, and show mutual involvement. They will sit close to each other, nodding in agreement or discussing any item they may disagree with. They look at their schedules together to assure the time for the next meeting is one in which they will be able to both attend. They communicate with the teacher their desire to learn this as a couple. Other couples may show clear signs that this is not a method one of them is very sure about. It has happened that the husband or fiancé will sit with arms folded until comfortable with the knowledge he is receiving. It may not be until the 2<sup>nd</sup> or 3<sup>rd</sup> meeting that a comfort level is noticed. Or, he may come for one of the classes or follow-up and then be just "too busy" to continue. This couple may or may not continue with long term follow-up. Women particularly are often very open about marital discord - this is a time to make a referral to a professional counselor, clergyman or a medical doctor depending on the need. If care and concern is shown, the couple will often surprise the teachers with great hope for their marriage.

If our teachers reach a point in follow-up where a referral is needed, we equip them with lists of "like-minded" medical personnel, counselors and priests. "Like-minded" is key to compiling the right list of professionals. For example, suggesting that a client seek marriage counseling from a person known to advocate contraceptives, would be wrong and in all probability counter-productive. Likewise making referrals to physicians for medical con-

sults would more likely and more quickly address the medical problem if he or she readily understood NFP and a specific charting system. A wise NFP coordinator/director can be especially supportive in helping both new and experienced teachers feel free to make referrals to other professionals when needed. On the part of the teacher, a certain amount of humility is required in order to acknowledge the limits of an NFP teacher's role. As NFP teachers we do not always have all of the answers and sometimes a referral to another professional is not only needed but required.

## Not just another form of birth control

Above all, sound NFP instruction should project the ideals and spirit of *Humanae vitae*; that NFP is more than a method to avoid or achieve conception. It is a total philosophy of marriage, recognizing and living God's plan in our lives. A couple truly living the NFP creed is joyful, confident in the presence of God in every moment of their lives which means accepting the will of

God in every aspect of their marital union, especially the acceptance of new life.

If NFP is just a healthy, cheap and effective method of birth control, there may appear a "tenseness" in the couple's relationship, no sense of love and openness, common in authentic NFP practicing couples. However, the Holy Spirit often takes over and changes lives—so NFP teachers must pray for their clients! NFP is a way of life which attracts other couples. Happy NFP couples can be found taking part in a host of generous activities. We see them forming bible study groups and sharing in many activities outside of the confines of their homes.

Teachers of all methodologies must be applauded for spreading the good news of the *still* counter-cultural Natural Family Planning. NFP education and promotion is a special calling to a ministry that is so vitally needed in our Church and, indeed, in society!

*Kay Ek is the Director of the Saint Cloud Diocesan Office of Natural Family Planning and president of BOMA.*

## CONGRATULATIONS TO THE FOLLOWING NFP PROGRAMS!

### Renewal of Endorsement

**The Dioceses of Wichita and St. Petersburg** have successfully completed the renewal of Endorsement requirements for their diocesan NFP programs.

### Renewal of Approval

**NFP of the Alleghenies** has successfully completed the renewal of Approval requirements for their teacher training program.

# News

# Briefs



*Please pray for the repose of the souls of*

## EVENTS

**October 4-6, 2002**, Billings Ovulation Method Association—USA (BOMA) is holding a national conference, co-sponsored with the Swedish Medical Center of Seattle. *Contact: Sue Ek, BOMA-USA, P.O. Box 16206, St. Paul, MN 55116; 651-699-8139; Email: boma-usa@msn.com*

**October 4-12, 2002**, Creighton Model FertilityCare™ System is offering Instructor Education, Phase 1 in Omaha, NE. *Contact: Pope Paul VI Institute, 6901 Mercy Road, Omaha, NE 68106; 402-390-9168; Website: www.popepaulvi.com*

**October 7-9, 2002**, BOMA-USA is offering an Extended Course for teachers who have completed the Basic Course and have been teaching (Basic Course is a prerequisite). *Contact: Sue Ek, BOMA-USA, P.O. Box 16206, St. Paul, MN 55116; 651-699-8139; Email: boma-usa@msn.com*

**October 11-15, 2002**, BOMA-USA is offering a Teacher Training (Basic Course) in San Francisco, CA. Faculty will feature Marian Corkill and Gillian Barker of Australia. *Contact: Sue Ek, BOMA-USA, P.O. Box 16206, St. Paul, MN, 55116; 651-699-8139; Email: boma-usa@msn.com*

**October 18-20, 2002**, the NFP Association of Toronto celebrates 30 years of NFP service to the Archdiocese of Toronto with a conference highlighting the Billings Ovulation Method. *Contact: Merrilyn Currie, Email: merrilyn.currie@primus.ca*

**November 2-9, 2002**, the Diocese of St. Petersburg announces an Education Program, Phase 1 for Instructors/Practitioners in the Creighton Model FertilityCare™ System. *Contact: Sharon Iler, NFP Office, P.O. Box 40200, St. Petersburg, FL 33743; 727-344-1611; Email: nfp@dosp.org*

## RESOURCES

**Elizabeth Ministry** is an international movement designed to support women and their families during the joys, challenges and sorrows of the child-bearing years. It has chapters across the United States as well as in Canada, Europe and Third World countries. Peer support, mentoring, educational materials, spiritual nourishment and inspirational resources are available as well as seminars, retreats and days of reflection. *Contact: Elizabeth Ministry International Headquarters, 107 Idlewild Street, Kaukauna, WI 54130; 920-766-9380; Email: elizabeth\_ministry.com; Website: elizabethministry.com*

**"NFP the Preachable Message"** is now in book form! Based on the popular audiotope, the book includes priests' stories about their experience of preaching on *Humanae vitae* as well as sample homilies. A special section lists specific Scripture in the liturgical year where the message of *Humanae vitae* and NFP can easily be applied. *Contact BOMA, P.O. Box 16206, St. Paul, MN 55116; 651-699-8139.*

**Jerome Fehring**, father of Marquette Institute of NFP's Director, Richard Fehring, RN, DNSc. Condolences can be sent to: Dr. Richard Fehring, Institute of NFP, Marquette University, College of Nursing, Milwaukee, WI 53233.

**William Bettcher**, husband of Janet Bettcher, Director of NFP of St. Joseph's County, South Bend, IN. Condolences can be sent to: Janet Bettcher c/o NFP of St. Joseph's County, St. Joseph's Medical Center (Angela Building), 410 N. Notre Dame Ave, South Bend, IN 46624.

## Do you need to renew?

Endorsement of diocesan NFP programs is valid for only five years. For those diocesan NFP programs which have reached the end of their Endorsement term, the DDP/NFP has sent renewal forms. **Don't delay. Complete your forms today!**



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Theresa Notare, Editor

The *NFP Forum* is published biannually. Its purpose is to serve the Roman Catholic diocesan NFP programs of the United States through offering: national and international news of NFP activity; articles on significant Church teachings, NFP methodology and related topics; and providing a forum for sharing strategies in program development. Contributions are welcomed. All articles may be reproduced unless otherwise noted. For more information contact the editor.

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